

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90077 020 \*\*\*138.75

**DOCUMENT # M07000003304**

1. Entity Name  
**OPROCK BRADENTON TRS, LLC**



Principal Place of Business  
**C/O ROCKWOOD CAPITAL, LLC  
 TWO EMBARCADERO CENTER, 23RD FLOOR  
 SAN FRANCISCO, CA 94111**

Mailing Address  
**C/O ROCKWOOD CAPITAL, LLC  
 TWO EMBARCADERO CENTER, 23RD FLOOR  
 SAN FRANCISCO, CA 94111**

**60041481**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**1000 Market Street  
 Suite 300**

02132008 Chg-LLC CR2E083 (12/06)

City & State  
**Portsmouth, NH**

4. FEI Number  
**26-0260401**

Applied For  
 Not Applicable

Zip  
**03801**

Country  
**US**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD. INC.  
 515 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	OPROCK BRADENTON FEE, LLC	TWO EMBARCADERO CENTER, 23RD FLOOR	SAN FRANCISCO, CA 94111	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Richard C. Able, Manager Date: 2/14/08 Daytime Phone #: (603) 559-2100